

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		2				
5	1					
6	1					
7	1					
8	1					
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50						
TOTAL IND.	8					
TOTAL DEP.	4					
TOTAL CLAIMS	12					

	IND	DEP	IND	DEP	IND	DEP
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